

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
TI-30247

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR TIMING RECOVERY OF VESTIGIAL SIDEBAND (VSB)
MODULATED SIGNALS

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application

Serial No. 09/674,550

on 11/02/2000

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number PCT/IL99/00234

on 05/04/1999

and was amended under PCT Article 19

on _____ (if applicable).

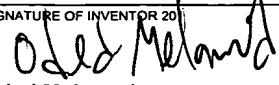


I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

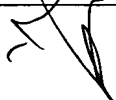
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued)				ATTORNEY'S DOCKET NUMBER TI-30247 WO	
<p>I hereby claim the benefit under Title 35, United States Code, §119, 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 119, 120					
U S APPLICATIONS			STATUS (Check one)		
U S APPLICATION NUMBER	U S FILING DATE	PATENTED	PENDING	ABANDONED	
60/084,063	05/04/1998			X	
PCT APPLICATIONS DESIGNATING THE U S					
PCT APPLICATION NO.	PCT FILING DATE	U S SERIAL NUMBERS ASSIGNED (if any)			
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark office connected therewith.</p>					
Frederick J. Telecky, Jr., Reg. No. 29,979 Jay M. Cantor, Reg. No. 19,906			William B. Kempler, Reg. No. 28,228 All attorneys and agents under customer number 23494		
Send Correspondence to: Warren L. Franz Texas Instruments Incorporated P. O. Box 655474, M/S 3999 Dallas, Texas 75251				Direct Telephone Calls to: Warren L. Franz (972) 917-5271	
201	FULL NAME OF INVENTOR	FAMILY NAME MELAMED	FIRST GIVEN NAME Oded	SECOND GIVEN NAME (nmi)	
	RESIDENCE & CITIZENSHIP	CITY Shoham	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 137 Yasmin St.	CITY Shoham	STATE & ZIP CODE / COUNTRY 73142 Israel	
202	FULL NAME OF INVENTOR	FAMILY NAME SOMMER	FIRST GIVEN NAME Naftali	SECOND GIVEN NAME (nmi)	
	RESIDENCE & CITIZENSHIP	CITY Rishon Le Zion	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3 Heletz St.	CITY Rishon Le Zion	STATE & ZIP CODE / COUNTRY 75222 Israel	
203	FULL NAME OF INVENTOR	FAMILY NAME BITRAN	FIRST GIVEN NAME Yigal	SECOND GIVEN NAME (nmi)	
	RESIDENCE & CITIZENSHIP	CITY Tel-Aviv	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE / COUNTRY	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon</p>					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
 Oded Melamed		 Naftali Sommer		 Yigal Bitran	
DATE		DATE		DATE	
XX 4/4/01		XX 4/4/01		XX 7/4/01	

(Continued Declaration For patent application and Power of Attorney - PTO 1391 [13-11] - page 3 of 3)

Send Correspondence to: Warren L. Franz Texas Instruments Incorporated P. O. Box 655474, M/S 3999 Dallas, Texas 75251				Direct Telephone Calls to: Warren L. Franz (972) 917-5271	
201	FULL NAME OF INVENTOR	FAMILY NAME SHALVI	FIRST GIVEN NAME Ofir	SECOND GIVEN NAME (nmi)	
	RESIDENCE & CITIZENSHIP	CITY Herzlia	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 19 Tabenkin Street.	CITY Herzlia	STATE & ZIP CODE / COUNTRY Israel 46766	
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE / COUNTRY	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE / COUNTRY	
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SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205		SIGNATURE OF INVENTOR 206	
 Ofir Shalvi					
DATE 4/9/01		DATE		DATE	
XX					

SIGNATURE OF INVENTOR 207		SIGNATURE OF INVENTOR 208		SIGNATURE OF INVENTOR 209	
DATE		DATE		DATE	